

## SUBCONTRACTOR CONTACT FORM

List all subcontractors or suppliers that were contacted regarding this project.

Name of Sub-contractor/ Supplier	Company Name, Contact Name, Address and Phone Number	City Of Atlanta Business License? (Yes or No)	Type of Work Solicited for	Business Ownership (see code below)	Certification No. and Expiration Date	Results of Contact

<b>Name of Sub-contractor/ Supplier</b>	<b>Company Name, Contact Name, Address and Phone Number</b>	<b>City Of Atlanta Business License? (Yes or No)</b>	<b>Type of Work Solicited for</b>	<b>Business Ownership (see code below)</b>	<b>Certification No. and Expiration Date</b>	<b>Results of Contact</b>

**Business Ownership Code: AABE - African American Business Enterprise, HBE – Hispanic Business Enterprise, FBE – Female Business Enterprise. ABE – Asian Business Enterprise, NABE – Native American Business Enterprise**

**Company Name:** \_\_\_\_\_ **Project Name:** \_\_\_\_\_ **FC#:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# EQUAL BUSINESS OPPORTUNITY SUBCONTRACTOR PROJECT PLAN

## SUBCONTRACTOR/SUPPLIER UTILIZATION

List all Majority, Minority and Female Business Enterprise subcontractors/suppliers, including lower tiers, to be used on this project.

Name of Sub-contractor/ Supplier	Company Name, Address and Phone Number	City Of Atlanta Business License? (yes or no)	NIAC Code	Type of Work to be Performed	Ownership of Business (see code below)	Certification No. and Expiration Date	Dollar (\$) Value of Work and Scope of Work	Percentage of Total Bid Amount

Total MBE% \_\_\_\_\_  
Total FBE% \_\_\_\_\_

**Code: AABE - African American Business Enterprise, HBE – Hispanic Business Enterprise, FBE – Female Business Enterprise.  
ABE – Asian Business Enterprise, NABE – Native American Business Enterprise**

**Proponent’s Co. Name:** \_\_\_\_\_ **Project Name:** \_\_\_\_\_ **FC#:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**DBE/EBO  
SUBSTITUTION FORM**

CONTRACTING AGENCY: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

NAME OF PRIME CONTRACTOR: \_\_\_\_\_

TOTAL CONTRACT AMOUNT: \_\_\_\_\_

In accordance with the City of Atlanta, Georgia's Disadvantaged Business Enterprise Program and/or Equal Business Opportunity Program, when adding, changing or deleting subcontractors or suppliers on the Hartsfield-Jackson Atlanta International Airport project, the DBE/EBO Substitution Form shall be used. All changes to the original list of approved subcontractors or suppliers shall be submitted to the City of Atlanta, Office of Contract Compliance and the HCM/DBE Coordinator for review and approval prior to the use of any substitute contractor and/or supplier. Contractors shall make a good faith effort to replace DBE/EBO subcontractors or suppliers unable to perform on the project with another DBE/EBO certified firm.

1. Is the subcontractor/supplier being replaced a DBE/EBO firm? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Reason the subcontractor/supplier is being replaced: \_\_\_\_\_
3. Dollar amount and scope of work: \_\_\_\_\_
4. Name of the subcontractor/supplier being replaced: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone No.: \_\_\_\_\_
5. Percent of work/material that was completed/supplied by above named subcontractor  
/suppliers: \_\_\_\_\_
6. Amount paid to the subcontractor/supplier (if any) \$ \_\_\_\_\_
7. Document the efforts made to replace or add DBE/EBO subcontractors to perform  
required work \_\_\_\_\_
8. Name of substitute subcontractor/supplier: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
DBE/EBO Certified: YES \_\_\_\_\_ NO \_\_\_\_\_ Contact Person: \_\_\_\_\_

This form should be completed and submitted to the City of Atlanta, Office of Contract Compliance for each subcontractor or supplier being added, deleted or changed. The same criterion used for establishing good faith efforts in maximizing the participation of DBE/EBO's prior to awarding this contract will also apply to the substitution of DBE/EBO subcontractors or suppliers during the performance of the contract.